

**TOWN OF GOSHEN
SPECIAL EVENT PERMIT APPLICATION**

This Permit Application **MUST BE** submitted to the First Selectman not less than thirty (90) days prior to the event. A fee of \$100 must be submitted with the application; check payable to the Town of Goshen. Fee will be refunded should license not be granted.

Name of Event: _____

NAME(S) AND RESIDENCE ADDRESS OF APPLICANT(S): (IF PARTNERSHIP, LIST ALL PARTNERS, IF CORPORATION, CLUB OR ASSOCIATION, LIST ALL OFFICERS:

APPLICANT(1) NAME _____ _____	APPLICANT(2) NAME _____ _____	APPLICANT(3) NAME _____ _____	APPLICANT(4) NAME _____ _____
ADDRESS _____ _____	ADDRESS _____ _____	ADDRESS _____ _____	ADDRESS _____ _____
TELEPHONE # _____	TELEPHONE # _____	TELEPHONE # _____	TELEPHONE # _____
DATE OF BIRTH OF APPLICANT _____	DATE OF BIRTH OF APPLICANT _____	DATE OF BIRTH OF APPLICANT _____	DATE OF BIRTH OF APPLICANT _____

IF A CORPORATION OR CLUB, DATE AND STATE OF INCORPORATION:

Date: _____ State: _____

Type of business or activity of applicant (s)

APPLICANT(1) NAME _____ _____	APPLICANT(2) NAME _____ _____	APPLICANT(3) NAME _____ _____	APPLICANT(4) NAME _____ _____
BUSINESS/ACTIVITY _____ _____	BUSINESS/ACTIVITY _____ _____	BUSINESS/ACTIVITY _____ _____	BUSINESS/ACTIVITY _____ _____

HAVE APPLICANT(S) OR OFFICERS EVER BEEN CONVICTED OF A CRIME? IF YES PLEASE DESCRIBE (attach additional sheets as necessary): _____

DESCRIPTION OF PROPOSED EVENT (attach additional sheets as necessary): _____

PROPOSED LOCATION: _____

ANTICIPATED DAILY ATTENDANCE: _____

The following are required with each application;

Plot plan or sketch of facilities for the Special Event and written plans demonstrating adequate planning to meet local, state and other applicable standards for:

Parking

Traffic

Food services

Drinking water

Toilets/Sanitary facilities

Lodging (On site)

Fire prevention

Fire protection

Refuse disposal, including the name of the refuse hauler, the number and size of the disposal containers that will be in use.

Law enforcement.

Emergency medical services

DATES OF PROPOSED EVENT: _____
(NO PERMIT IS VALID FOR MORE THAN 3 CONSECUTIVE DAYS)

HOURS OF OPERATION: _____

WE AGREE TO PAY THE COST OF PUBLIC NOTICE OF PERTINENT FACTS OF THE EVENT, THE COST OF POLICE OFFICERS AND THE COST OF THE TIPPING FEES FOR WASTE REMOVAL.

SIGNATURE(S) OF APPLICANT(S)/PARTNERS/OFFICERS

DATE

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DATE

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DATE

SIGNATURE(S) OF APPLICANT(S)/PARTNERS/OFFICERS

DATE

THIS APPLICATION IS HEREBY APPROVED NOT APPROVED (CIRCLE ONE) BY THE FIRST
SELECTMAN OF THE TOWN OF GOSHEN.

FIRST SELECTMAN SIGNATURE

DATE _____

PERMIT

A COPY OF THIS SIGNED DOCUMENT SHALL SERVE AS THE LICENSE FOR THE:

EVENT

DATES

THIS PERMIT IS NON TRANSFERABLE

THIS PERMIT IS VALID FOR (INSERT DATES): _____

REASON FOR REFUSAL: _____

FIRST SELECTMAN _____ DATE _____

DATE OF PUBLIC NOTICE: _____

APPROVAL CONDITIONS: _____

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